

CHAPTER 1

COMMITTEE OVERVIEW



Advisory Committee Language from SHB 1472

"The committee of not more than fifteen individuals shall consist of experts in social work, law, child welfare, psychology, or related fields, at least two tribal representatives, a representative of the governor's juvenile justice advisory committee, a representative of a community-based organization involved with child welfare issues, a representative of the department of social and health services, a current or former foster care youth, a current or former foster care parent, and a parent previously involved with Washington's child welfare system. Committee members shall be selected as follows: (a) Five members selected by the senate majority leader; (b) five members selected by the speaker of the house of representatives; and (c) five members selected by the secretary of the department of social and health services. The secretary, the senate majority leader, and the speaker of the house of representatives shall coordinate appointments to ensure the representation specified in this subsection is achieved. After the advisory committee appointments are finalized, the committee shall select two individuals to serve as cochair of the committee, one of whom shall be a representative from a nongovernmental entity."

"Not later than June 1, 2008, the advisory committee created in subsection (1) of this section shall report to the secretary of the department of social and health services on the results of the analysis. If the results of the analysis indicate disproportionality or disparity exists for any racial or ethnic group in any region of the state, the committee, in conjunction with the secretary of the department of social and health services, shall develop a plan for remedying the disproportionality or disparity. The remediation plan shall include: (a) Recommendations

The Legislation

Substitute House Bill 1472 was sponsored in the Washington State House of Representatives by Representative Eric Pettigrew and in the Senate by Senator Claudia Kauffman. Signed by Governor Christine Gregoire, on May 14, 2007, the bill gave the secretary of the Department of Social and Health Services (DSHS) the responsibility of convening an advisory committee to analyze and make recommendations on the disproportionate representation of children of color in the Washington State child welfare system.

The Legislation: The Formation of the Advisory Committee

In the fall of 2007, the Advisory Committee was established. Fifteen individuals with expertise in the fields of social work and child welfare were appointed to the committee. Washington State tribal members and individuals personally affected by our state's child welfare system were appointed as committee members. Community-based organizations, DSHS, and a representative of the Governor's Juvenile Justice Advisory Committee are also members of the Advisory Committee. Advisory member biographical sketches are available in the General Appendix located in Chapter 5.

The Legislation: The Initial Work of the Advisory Committee

The initial work of the Advisory Committee examined and analyzed the following:

- The level of involvement of children of color at each stage of the state's child welfare system (including the points of entry and exit).
- The number of children of color in low-income or single-parent families involved in the state's child welfare system.
- The family structure of families involved with the state's child welfare system.
- The outcomes for children in the existing child welfare system.

By June 1, 2008, the Committee, along with technical assistance provided by Washington State Institute for Public Policy (WSIPP), was required to submit a report to the secretary of DSHS that indicated whether disproportionality exists within any race or ethnic population in the state.

Building Our Knowledge Base: Presentations and Workshops Designed to Increase our Understanding

National and State Research on Racial Disproportionality

In addition to relying on the expertise within the Advisory Committee, the primary goal of the first meeting was to immerse the advisory members in research on racial disproportionality from a national and state perspective. Leaders in the field of racial disproportionality came to assist the Committee in their foundational development:

- **Dr. Ruth G. McRoy**, Research Professor and the Ruby Lee Piester Centennial Professor Emerita at the University of Texas at Austin School of Social Work.
Dr. McRoy provided a national overview of racial disproportionality and disparity in the child welfare system. Her presentation provided a historical perspective of racial disproportionality in the national child welfare arena, in addition to identifying emerging promising practices to reduce racial disproportionality.
- **Terry Cross**, MSW, ACSW, LCSW, Executive Director, National Indian Child Welfare Association.

Terry Cross' presentation focused on racial disproportionality from various vantage points. He presented information on disproportionality in the child welfare system, the juvenile justice system, and the disparity of mental health treatment for people of color. His presentation included various theories on disproportionate minority representation and offered some potential solutions to reduce disproportionality among people of color.

- **Dr. Mark E. Courtney**, Executive Director, Partners for Our Children
Dr. Courtney has conducted extensive research on individual, family, and societal contributors to the well-being of children placed in out-of-home care. His studies involve active collaboration with multiple stakeholders in the policy and practice communities to determine how to improve children's services nationally. His presentation focused on determining where racial disproportionality manifests in the current child welfare system (decision points) and how the processes and players may or may not contribute to the disproportionality found in the system.
- **Dr. Ralph Bayard**, Senior Director of Systems Improvement/Disproportionality, Casey Family Programs
Dr. Bayard offered a national overview of foster care placement rates by race. His presentation focused on the number of children of color in out of home placement versus their representation in the general population. He provided information regarding Casey's current efforts in engaging various states around the U.S. to help reduce racial disproportionality and disparity in their population.
- **Presenter – Dr. Joel Odimba**, Regional Administrator, Region 4
Dr. Odimba's presentation focused on current and past efforts of DSHS-Childrens Administration to reduce disproportionality. He provided information to the committee members on each of the six WA state region's efforts to reduce disproportionality. He also presented information about the current statewide efforts such as the implementation of the Structured Decision Making tool.
- **Presenters – Laura Schrager and Marna Miller**, Washington State Institute for Public Policy
This presentation focused on the role of WSIPP as technical staff for the Committee. They provided information on their proposed methodology as it is related to the legislation.

The Washington State Child Welfare System

In addition to requesting the assistance of national experts, the Advisory Committee also recognized their need to gain further knowledge about the local child welfare system. More specifically, the Committee wanted to understand how a case is accepted into the Washington State Child Welfare System, how a case is chosen for investigation, how a case receives a risk tag and ultimately how a child's placement is determined.

To meet this request, Children's Administration staff from the Division of Practice Improvement provided the Committee with background knowledge on Washington States' Child Protection Services (CPS), Child and Family Welfare Services (CFWS) and Family Reconciliation Services (FRS). The Advisory Committee examined considerations at each decision point and a number of questions were answered regarding the CPS intake process, risk assessment and the services available to families in the Washington State Child Welfare System.

In an effort to continue to build the Committee's knowledge base, information on the Indian Child Welfare Act, a federal law that governs and informs how an Indian child should be treated in the child welfare system was also provided to advisory members. Specifics on tribal jurisdiction, notification of any involuntary child welfare proceedings, intervention rights and placement preference for Indian children were discussed to establish a general understanding of how Indian cases should be handled.

Undoing Racism Workshop

Societal factors play a role in the disproportionate representation of children of color in the child welfare system. Referral bias, visibility bias, and larger demographic norms are only some of the societal issues the literature addresses when determining the causes

for administrative and legislative actions related to appropriate programs and services to reduce and eliminate disparities in the system and improve the long-term outcomes for children of color who are served by the system; and (b) performance measures for implementing the remediation plan. To the extent possible and appropriate, the remediation plan shall be developed to integrate the recommendations required in this subsection with the department's existing compliance plans, training efforts, and other practice improvement and reform initiatives in progress. The advisory committee shall be responsible for ongoing evaluation of current and prospective policies and procedures for their contribution to or effect on racial disproportionality and disparity.

SHB 1472, Chapter 465, Laws of 2007

of racial disproportionality. The Advisory Committee recognized the need to probe deeper and invited The People's Institute for Survival and Beyond to conduct a two day workshop.

This workshop offered a lens to consider intended or unintended institutional racism, systematic racism and other societal factors that create barriers for the families and children our child welfare system serves. The workshop allowed the advisory members to examine the conditions that consistently contribute to racial inequality and provided them an opportunity to hear how various institutional systems affect people of color. The workshop further confirmed that racial disproportionality is multi-dimensional and commands consistent monitoring of our intention to be culturally sensitive and responsive to all of the people we serve.

Ongoing Work of the Advisory Committee

This report is only the beginning. The Committee, in conjunction with the secretary will develop a remediation plan which must be reported to the appropriate committees of the legislature by December 1, 2008. The remediation plan will include:

- Recommendations for administrative and legislative actions designed to reduce and eliminate program and service disparities and to improve long-term outcomes for children of color.
- Performance measures for implementing the remediation plan.
- Integration with the department's existing compliance plans, training efforts, and other practice improvement and reform initiatives in progress to the extent possible.

Plans to engage the community in the remediation planning process are also part of the ongoing work. The purpose of our engagement is not solely to solicit suggestions. The purpose is to educate about the findings and analyses, to determine what experiences and successes are occurring across the state to reduce disproportionality and to get input. In June 2008, the Advisory Committee will implement a wide reaching community engagement process to solicit comments, suggestions and strategies on how to effectively reduce and eliminate program and service disparities.

Beginning January 1, 2010, the secretary will provide an annual report to the appropriate legislative committees on the implementation of the remediation plan, including any measurable progress made in reducing and eliminating racial disproportionality and disparity in the state's child welfare system.

How the Washington State Child Welfare System Works

Child protection systems across the United States have various ways of accepting a referral, investigating a case and recommending placement. With this in mind, we are providing an overview of what happens when a child is referred to the Washington State Child Welfare System through the lens of policy and practice in 2004.

It is important to note that in 2007, Children's Administration replaced the Washington Risk Assessment model with a Structured Decision Making (SDM) approach to risk assessment. This new approach is currently being used in CPS investigations. When CA's new computer system, FamLink is launched in December 2008, SDM will also be used within CPS Intake.

Intake Decisions

Referrals to CPS

CPS must evaluate referrals it receives from any source, and in any form, including those received from an anonymous source. When CPS receives a referral, a CPS Intake worker uses a standardized CPS Intake Risk Assessment procedure to determine the appropriate agency response. The first decision made is whether or not the referral can be "accepted".

Accepted referrals and the Sufficiency Screen

A referral can only be accepted by the Children's Administration if it meets the CPS sufficiency screen.

The sufficiency screen consists of these four questions:

1. Can the child be located?
2. Is the alleged subject the parent/caregiver of the child?
3. Is there an allegation of child abuse or neglect meeting the legal definition, per Washington Administrative Code (WAC) 388-15-099 or;
4. Do risk factors exist that place the child in serious and immediate harm?

A referral meets the sufficiency screen if:

- Questions one, two and three are answered "yes" on the sufficiency screen.
- Questions one, two and four are answered "yes".
- All four questions are answered "yes".

Example #1: A referral which would be "Screened Out"

CPS receives a call from a woman who says she saw a child being slapped by an adult while shopping at Safeway. The caller wants CPS to find the adult and make sure they don't slap this child again. However, the caller is not able to provide the names of the adult and child, or any way that CPS could locate them.

This referral would not "screen in" because the child cannot be located.

Example #2: A referral which would be "Screened Out"

CPS receives a call from a parent who reports that their child was sexually fondled by a neighbor, during a time when the parents were away from home. The neighbor was not babysitting, or given any authority by the parent to be supervising the child.

CPS would not be able to follow up with investigation from this referral, because the alleged subject of the child abuse is not the parent/caregiver of the child. CPS Intake would relay this information directly to law enforcement (RCW 26.44.030).

Example #3: A referral which would be Accepted

The school counselor calls CPS to report that Eduardo Martinez, a 4th grader at the school, arrived at school this morning with a bruise on the left side of his face. The bruise appears to resemble the imprint of an adult size fist. When the counselor asked Eduardo about the bruise, Eduardo said that he bumped into a door. However, the counselor is concerned that the actual cause of the bruise might have been from Eduardo's father hitting him. The CPS Intake worker checks the CPS history of Eduardo's family and discovers 6 prior CPS referrals involving physical abuse by the father.

CPS would accept this referral. There is an allegation of child abuse that meets the legal definition. There is information that makes it possible to locate the child. The alleged subject of the referral is the child's parent. The referral would be screened in and forwarded for investigation. A CPS investigator would make face to face contact with Eduardo within 24 hours to interview the child, and others in the child's life, to investigate whether or not the bruise on Eduardo's face is likely to have been caused by parental abuse.

Risk Tags and CPS Investigation Standards

When a referral meets the sufficiency screen, then a CPS Intake Risk Assessment is completed, which includes a "Risk Tag" from "0 to "5" based upon the severity and immediacy of child safety risks, as follows:

- 0 - No risk;
- 1 - low risk;
- 2 - moderately low risk;
- 3 - moderate risk;
- 4 - moderately high risk; and
- 5 - high risk.

The level of Risk Tag assigned at intake determines the Investigation Standard for CPS referrals, as described below.

Low Investigation Standard

Referrals receiving Risk Tags of "1" or "2" are classified as Low Standard Investigation Referrals. This means that while the referral meets the CPS sufficiency screen, the risk to the child has been determined to be low and can be responded to in a less intrusive manner. These cases are typically referred from CPS to "alternative response systems" within the community and/or offered services through CPS to help the family address those concerns identified in the referral.

High Standard Investigation

Accepted referrals with a risk tag of 3 or higher are classified as High Standard Investigation Referrals. These referrals, with more serious and immediate child safety risks, are assigned by CPS Supervisors to CPS Investigative Social Workers.

Example:

The example above, involving the school counselor and young Eduardo, is an example of a referral that would screen in with a high Risk Tag, due to the bruise on Eduardo's face. A CPS Investigator would make face to face contact with the child within 24 hours.

Supervisory Review of Intake Decisions

The Intake Supervisor reviews all referrals and may change risk tag and screening decisions when:

- Additional information supports the change.
- The supervisor determines the screening decision and/or risk tag is incorrect based on program guidelines.

CPS Investigation Decisions

The Safety Assessment

Once a case has been accepted for CPS Investigation, the next set of decisions are focused on what needs to be done to ensure the safety and protection of the child(ren). The Safety Assessment is required on all high standard CPS referrals assigned for investigation when a child is to remain in the home. This assessment tool focuses on the immediate safety of the child and gives the CPS Investigative Social Worker information that will help make the following determinations:

- The child is safe and can remain in the home without a safety plan in place.
- The child is safe and can remain in the home with a safety plan in place.
- The child is not safe in the home and requires out of home placement.

The Investigative Assessment

The Investigative Risk Assessment provides a structured approach to assessing the risk of future child abuse and neglect, to differentiate children who are at low, moderate and high risk of future abuse. This assessment examines sixteen factors which research has shown to be most predictive of future child abuse or neglect. The completed Investigative Assessment provides a Risk Tag of 1 through 5 for each risk factor, along with an overall risk tag.

Investigative Example

CPS receives a call from a neighbor who is concerned because the children next door live in a house which is “filthy”. The neighbor reports that the floor is “knee deep” with dirty diapers, old plates of food, dog feces and laundry.

CPS would screen this referral in, but not at a high enough risk tag to result in CPS Investigation. Rather, the case would be referred out through the “Alternative Response System”. For instance CPS might contact a community agency such as the public health nurse who could follow up with the family and offer assistance to ensure the house is clean and sanitary for the children to live in.

CPS would document the referral in agency’s information system, but no investigation would occur.

Investigation Findings

At the conclusion of the CPS investigation, the assigned social worker, in consultation with their supervisor, makes a decision as to whether the allegations in the CPS referral are:

- Founded; meaning that the investigation substantiated the allegations in the referral.
- Unfounded; meaning the investigation did not substantiate the allegations; or
- Inconclusive; meaning the social worker cannot make a determination that the allegations are clearly substantiated.

It is important to note that a decision to file a dependency petition may take place before a finding is made on the investigation. See RCW 13.34.030 for more information on this.

The Decision to Place

Washington State law does not grant authority for CPS to remove a child from the home. Removal can only occur under the authority of law enforcement officials, through a court order or by the parent voluntarily placing their child in care.

In some cases, a child is placed in out-of-home care before DSHS has had any involvement with the family. For instance, law enforcement can make the decision to place children into care if the parent(s) were arrested for child sexual abuse, child endangerment or perhaps another crime. A hospital administrator or doctor can also place a medical hold on a child if they have reasonable cause to believe the child’s parents present an imminent danger to the child’s safety. When a child is placed into protective custody by these means and transferred to the custody of CPS, DSHS has 72 hours to file a dependency petition and bring the matter before the Superior Court Judge or Commissioner.

In other cases, it is the Children’s Administration which initiates out-of-home placement as the result of a CPS investigation which determines there are immediate safety risks to the child if he or she were to remain in the care of the parents. If the family’s CPS Worker believes the child needs to be placed, the social worker files a dependency petition and gets a court order authorizing the pick up of the child. In still other cases, the parents elect to voluntarily place their children into temporary care, while they work in partnership with CPS to reduce safety risks within their family.

Decisions Following Placement

Once a child, or sibling group, has been placed into out-of-home care, decisions need to be made about if/when the child can be safely returned to their parent's home.

During the development of a "permanent plan," the child's safety and well being are considered. Some possible permanency outcomes include:

- Return home;
- Voluntary Relinquishment, or legal termination of parental rights and then adoption of the child; or
- Legal Guardianship of the child established with adult(s) other than the child's parents.

A permanency plan is required if a child is out of home more than 60 days or if dependency is established. However, a number of children are returned in less than 60 days based on the outcome of the investigation or other factors; the case never goes to dependency. Following a safety plan, children may be returned home, but are not generally returned home as part of a permanency plan.